

Pistol Permit Division 155 Lt.VaWinkle Drive Binghamton, New York 13905 607-778-2113



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Complete entire application packet.

Use a separate piece of paper if you need space on the application to respond to questions.

If you were born in another country- you must provide a copy of citizenship certificate.

Use black ink or complete application on line and print.

When completing {form PPB-3}, start with the blocks asking for LAST NAME. -----→ References:

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Inches in land		ret out	STATE OF	NEW YORK	principle soy	14144
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- *Cannot be relatives or domestic partners. {MUST know applicant minimum of THREE (3) years.}
- *References must fully answer all the questions on "Reference Questionnaire".
- *References must sign 3 documents: Reference Questionnaire & both PPB-3 forms.

Reference Questionnaire:

- *Must be notarized.
- *Do not collect the questionnaire from the references.
- *Reference must mail questionnaire directly to ------

All fingerprints are completed by Pistol Permit Clerk.

Broome County Sheriff' Office
Pistol Permit Division
155 Lt. VanWinkle Drive
Binghamton, New York 13905

*applicant must provide FOUR (4) passport sized (2x2) photos. {No Selfies}.

If you are applying for a permit in connection with present or proposed employment.

- *Submit a letter from the employer verifying employment.
- *Employer letter must inform of your need for a permit.

Application must be notarized



Office Hours:

Mon – Fri 8:30am to 4:00pm No application will be processed after 3:00pm — —



FEES \$140.00

{Cash, Certified bank check or Money order}
Make Bank Check or Money order out to:
Director of OMB

CRIMINAL HISTORY GUIDELINES: It is critical for all applicants to be completely truthful and forthcoming regarding their criminal history. The following will assist you in properly completing the criminal history portion of the application & what you must declare. You are required to submit any & all arrests, charges, summonses or indictments that you have been involved with. List even minor offenses like: bad checks, disorderly conduct, harassment, possession of marijuana & local laws! To obtain your own criminal history. Contact the NYS Division of Criminal Justice Services (518)457-9847 or (518) 485-7675 (\$60 fee by NYS for this service). This report may assist you in accurately completing the application. When in doubt, write it down! You are encouraged to contact the Pistol Permit Office with ANY questions regarding criminal history. 607-778-2113

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YOU MUST LIST ANY & ALL ARREST'S WHERE: 1

- >Charges were sea! by the court
- >Charges were dismissed by the court
- >You were given a youthful offender status
- >You were given a conditional discharge
- >You were placed on probation
- >You were taken before a judge

- >You were charged w/Driving while intoxicated or DWAI
- >You were given a summons to appear in court
- >You were required to make bail on a charge/incident
- >You were taken into physical custody by law enforcement
- >You were taken into custody on a warrant
- >You were photographed & fingerprinted as a result of an incident

The previous application guidelines have been explained to me by the pistol permit clerk. I understand that failure to disclose all required information may result in my application being denied.	Applicant's Signature	<u>Date</u>
SUBSCRIBED AND SWORN TO BEFORE ME	<u>Pistol Permit Clerk</u>	<u>Date</u>

Permit Form page 1 - 7/2016





Applicant's Last N	Applicant's Last Name					Applicant's First Name				DOB
Thank you for assisting us in naid us in performing thorough name used as a reference. You	character/b	oackgr	ound checks. \	Ne realiz	e that	it is sor	metimes o	lifficult t	o refus	se to have your
>complete entire questionnai	re	>Yc	ou may use the	back of	the for	m to m	nake any a	dditiona	l comr	ments
>Your signature must be not	arized	>M	ail using pre-a	ddressed	envel	ope { e r	rvelope w	/postag	e prov	ided by applicant}
Reference's Last Name (Print)		First Na	me	V)	MI	Date o	of Birth		Phone
Reference Addr	City		Stat	е	Zip			Email		
	Have y	ou eve	r been convicte	d of any c	rime? If	yes, giv	ve details			
Your occupation? (if retire	ed, state prior	occup	ation)	Do	you hav	e a Pist	ol Permit?		l	ssuing County
How long have you known applicant? What's your relationship with applicant? Are you related by blood or marriage?							olood or marriage?			
How often/under what circu	umstances do	you ha	ave contact with	applicant	?		By what	other nan	nes is ap	oplicant known?
What is the applicant's o	ccupation?			Where is	applic	ant emp	oloyed?			How long?
Did you employ applicant?	How long?	?		Wha	t circun	nstance	s caused ap	oplicant to	leave?	
Are you in business	relationship v	with ap	oplicant? If yes, e	explain			ls	applicant	a citize	n of the US?
Has applicant ever dis	played a viole	ent ten	nper?		las app	licant ir	ndicated th	ey might	have a ı	mental problem?
Has the applicant had	d any history o	of socia	al or family prob	lems?			Is applic	ant of exc	ellent r	moral character?
Are there any reas	ons that woul	ld mak	e you hesitate to	o recomm	end the	applica	ant as a pe	rson to po	ssess a	pistol?
										4
	What is	applica	ant's reason for	wishing to	posse	ss a pist	ol license?			
Without res	ervation, wou	uld you	recommend the	e applican	t as the	type o	f person to	possess a	pistol?)
You may be contacted by a law			r to verify this i					ounishabl	e as a c	lass A misdemeanor
	I hereby affirm that the foregoing statements of fact are true, under penalty of perjury Reference's Signature									
SUBSCRIBED AND S	WORN TO	BEF	ORE ME				No	tary Pub	ic	





Applicant's Last Nam	Applicant ^e	s First	Name		M	I	DOB			
Thank you for assisting us in main aid us in performing thorough chemane used as a reference. Your r	naracter/b	ackgr	ound checks.	We realiz	e that i	it is son	netimes di	fficult to	refus	e to have your
>complete entire questionnaire		>Yo	ou may use the	e back of	he for	m to m	ake any ad	lditional	comn	nents
>Your signature must be notariz	<u>zed</u>	>M	ail using pre-a	ddressed	envelo	ope {en	velope w/	postage	provi	ided by applicant}
Reference's Last Name (Print) First Name MI Date of Birth								Phone		
Reference Address			City		State	е	Zip			Email
Have you ever been convicted of any crime? If yes, give details										
Your occupation? (if retired, state prior occupation) Do you have a Pistol Permit? Issuing County										
How long have you known applicant? What's your relationship with applicant? Are you related by blood or marriage?							lood or marriage?			
How often/under what circumstances do you have contact with applicant? By what other names is applicant known?										
What is the applicant's occu	pation?			Where is	applica	nt emp	loyed?			How long?
Did you employ applicant?	How long?)		What	circum	stances	caused app	licant to I	eave?	
Are you in business rela	ationship v	vith ap	plicant? If yes,	explain			ls ap	oplicant a	citize	n of the US?
Has applicant ever displa	yed a viole	nt tem	iper?		las appl	licant in	dicated they	might ha	eve a r	mental problem?
Has the applicant had an	ny history o	of socia	l or family prob	lems?			Is applicar	it of excel	lent m	noral character?
Are there any reasons	that woul	d make	you hesitate to	o recomme	end the	applica	nt as a perso	on to poss	sess a	pistol?
	What is	applica	ant's reason for	wishing to	posses	s a pisto	ol license?			
Without reserve	ation, wou	ıld you	recommend th	e applicant	as the	type of	person to p	ossess a p	oistol?	
You may be contacted by a law ent			r to verify this i int to section 21					nishable a	as a cl	ass A misdemeanor
I hereby affirm that the foregoing s under penalty of perjury	statements	s of fac	t are true,				Reference	e's Signa	ture	
SUBSCRIBED AND SWO	ORN TO	BEFO	DRE ME				Nota	ry Public		





Applicant's Last Name		<i>F</i>	Applicant	s First	Name			MI	DOB	
Thank you for assisting us in maintai aid us in performing thorough chara name used as a reference. Your repl	cter/backg	round checks.	We realiz	e that	it is sor	netimes c	lifficult	to refus	e to have your	
>complete entire questionnaire	>Y	ou may use the	back of	the for	m to m	ake any a	ddition	al comr	nents	
>Your signature must be notarized	>1	∕Iail using pre-a	ddressed	envel	ope {er	velope w	/posta	ge prov	ided by applicant}	
Reference's Last Name (Print) First Name MI Date of Bir							of Birth		Phone	
Reference Address	City		Stat	е	Zip			Email		
	Have you ever been convicted of any crime? If yes, give details									
Your occupation? (if retired, state	e prior occu	pation)	Do	you hav	ve a Pist	ol Permit?		1	ssuing County	
How long have you known applicant? What's your relationship with applicant? Are you related by blood or marriage?							olood or marriage?			
How often/under what circumstances do you have contact with applicant? By what other names is applicant known?										
What is the applicant's occupati	What is the applicant's occupation? Where is applicant employed? How long?									
Did you employ applicant? Hov	w long?		What	circun	nstances	caused ap	plicant t	to leave?)	
Are you in business relatio	nship with a	applicant? If yes,	explain			Is	applican	t a citize	n of the US?	
Has applicant ever displayed	a violent te	mper? — —	H	las app	licant in	dicated th	ey might	have a	mental problem?	
Has the applicant had any hi	istory of soc	ial or family prob	lems?			Is applica	ant of ex	cellent r	moral character?	
Are there any reasons tha	nt would ma	ke you hesitate t	o recomm	end the	applica	ınt as a pei	rson to p	ossess a	pistol?	
M	/hat is annli	cant's reason for	wishing to	posse	ss a pist	ol license?				
·	viiat is appii	cuite 3 reason for	Wishing co	розос	55 a pisc	0				
Without reservation	on, would yo	u recommend th	e applican	t as the	type of	person to	possess	a pistol?		
You may be contacted by a law enforce		er to verify this i					ounishab	le as a c	lass A misdemeanor	
	I hereby affirm that the foregoing statements of fact are true, under penalty of perjury Reference's Signature									
SUBSCRIBED AND SWOR	N TO BEI	ORE ME				Not	tary Puk	olic		





Applicant's Last N	A	pplicant's First Name					MI	DOB		
aid us in performing thorough	Thank you for assisting us in maintaining public safety; please answer the following questions as honestly as possible which will aid us in performing thorough character/background checks. We realize that it is sometimes difficult to refuse to have your name used as a reference. Your reply to this letter will be held in the strictest confidence, as permitted by law. >complete entire questionnaire >You may use the back of the form to make any additional comments									
>complete entire questionnai	re	>Yo	ou may use the	back of	he for	m to m	ake any a	dditiona	al comr	nents
>Your signature must be not	arized	>M	ail using pre-a	ddressed	envelo	ope {e r	velope w	/postag	e prov	ided by applicant}
Reference's Last Name (First Na	me		MI	Date o	of Birth		Phone		
Reference Address Cit					State	9	Zip			Email
Have you ever been convicted of any crime? If yes, give details										
Your occupation? (if retired, state prior occupation) Do you have a Pistol Permit? Issuing County										
How long have you known applicant? What's your relationship with applicant? Are you related by blood or marriage?							lood or marriage?			
How often/under what circu	umstances do	you ha	ave contact with	applicant	?		By what	other nan	nes is a	oplicant known?
What is the applicant's o	ccupation?			Where is	applica	ant emp	loyed?			How long?
Did you employ applicant?	How long	? ?		What	circum	stances	caused ap	oplicant t	o leave î)
Are you in business	relationship	with ap	pplicant? If yes,	explain			Is	applicant	a citize	n of the US?
Has applicant ever dis	played a viol	ent ten	nper?	·	las app	licant in	dicated th	ey might	have a	mental problem?
Has the applicant had	d any history	of socia	al or family prob	lems?			Is applic	ant of exc	cellent r	noral character?
Are there any reas	ons that wou	ıld mak	e you hesitate to	o recomm	end the	applica	nt as a pei	rson to po	ossess a	pistol?
	What is	applica	ant's reason for	wishing to	posses	ss a pisto	ol license?			
Without res	ervation, wo	uld you	recommend th	e applican	t as the	type of	person to	possess	a pistol?	
You may be contacted by a law	enforcemen		er to verify this i ant to section 2					ounishabl	e as a c	lass A misdemeanor
I hereby affirm that the foreg	going statem alty of perjui		fact are true,				Referer	nce's Sigi	nature	
SUBSCRIBED AND S	WORN TO	BEF	ORE ME				No	tary Pub	lic	





A	Applicant's Last Name (Print)	First N	ame	MI	DOB		Email		
	Address		City	State	Zip	How	long @ present address?		
	Maiden Name		Physical Address (how you would tell someone to find your house)						
	Home Phone		Cell	Phone		Work Phone			
	Previous Addresses		City		State		Zip		
-									
_									
Prev	rious Employer (s)	Dates of E	mployment		Reas	on for l	eaving		
_									
-									
			Reference	es					
#1	Last Name		First			MI	Phone		
	Street		City			State Zip			
							n.		
#2	Last Name			First		MI	Phone		
	Street			City	S	tate	Zip		
							Diversi		
#3	Last Name			First		MI	Phone		
	Street		City			tate	Zip		
#4	Last Name			First		MI	Phone		
	Street			City State					





Pistol Permit Division 155 Lt.VaWinkle Drive Binghamton, New York 13905 607-778-2113

REQUEST FOR A RESTRICTED PISTOL PERMIT BROOME COUNTY, NEW YORK

l,	in support of my application for a Restricted Pistol Permit,
Represent to the Issuing Officer.	
<that hunting="" i="" only.<="" or="" p="" permi="" pistol="" shooting="" target="" the="" understand=""></that>	t, if issued, will allow me to carry registered weapons for the limited purpose o
<that authoriz<="" does="" not="" permit="" td="" this=""><td>e me to possess, use or carry any firearm for any other purpose.</td></that>	e me to possess, use or carry any firearm for any other purpose.
The state of the s	ns only when going to, coming from and during activities related to hunting and to or from hunting and target shooting. I will not carry or display a firearm whil
<that circumstances<="" i="" no="" td="" under="" will=""><td>carry or display any firearm in any premise licensed to sell alcoholic beverages</td></that>	carry or display any firearm in any premise licensed to sell alcoholic beverages
<that any="" discretion="" i="" i<="" if="" in="" o="" of="" p="" revocation="" the="" understand="" violate=""></that>	f the above conditions of issuance, my permit is subject to suspension or ssuing Officer.
Dated	Signature of Applicant
Sworn to before me	
Thisday of	, 20
NOTARY	PUBLIC

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

INSTRUCTIONS: Print or type in black ink only

NYSID			DDD 2 (DEV 02/11)			COUNTY OF ISSUE				
NUMBER LICENSE			PPB-3 (REV. 03/11)		LVODY				cc	ODE
NUMBER				TE OF NEW			Luova	en l Di	V 12	EAR
DATE OF ISSUE	MONTH DAY	YEAR	PISTOL/REVOLVI	ER LICENCE A	PPLICATION	EXPIRATION DATE	MONT	TH DAY	' '	LAR
LAST NAME				FIRST	NAME		MI MONTH	DAY	YEAR	SEX
RESIDENCE ADDRESS	s				CITY/VILLAGE/TOWN ANI	D STATE IF OTHER THAN NEW YORK	DATE OF BIRT	ZIP CODE		
ПСТ (ins) WGT (lbs)	EYES HAIR	RACE	SOCIAL SECURITY NUMBE	R	PRESENT OCCUPAT	ION	1	CITIZEN OI	7 U.S.A.	
								☐ YES	□ NO	
EMPLOYED BY		· NAT	URE OF BUSINESS		BUSINESS ADDRESS					
	DE LA DECE	TOLUDE VOLUME D	LOTNICE TO	Claraba and a lar	CARRY	ONCEALED * POSSE	SS ON DDEA	4ISES		
processory.		TOL/ REVOLVER I ING EMPLOYMEN		Check one only			33 UN PREM	цэвэ		
□ * POSSES	S/ CARRY DURI	ING EMPLOTMEN	1 (" Freilise addre	ss of place of e	improyment must b	e provided)				
	OR OTHER LOCATION			CITY, VILLAGE, TO	OWN		ZIP CODE			
A LICENSE	IS REQUIRED F	OR THE FOLLOW	ING REASON:							
	CIVE FOUR C	HARACTER REFE	RENCES WHO BY	THEIR SIGN	ATURE ATTEST	TO YOUR GOOD MORAL	CHARACTI	ER		
LAST, FIRST, MI	GIVETOUNG		STREET ADDRESS		C	ITY, VILLAGE, TOWN	SIGNATURE			
HAVE YOU E	VER BEEN ARR	ESTED, SUMMON				ANY OFFENSE, INCLUDI	NG DWI (EX	CEPT		
TRAFFIC INF		LCE AGENCY YES	NO IF YES	, FURNISH TH	IE FOLLOWING	INFORMATION: DISPOSITION	-COURT AND DATE	Ē		
DATE	- FOLI	CE AGENC (
HAVE YOU EVE	ER BEEN TERMIN	ATED/ DISCHARGEI	FROM ANY EMPLO	YMENT OR TH	IE ARMED FORCES	FOR CAUSE?		YES	□ N	Ю
HAVE YOU EVE	ER UNDERGONE	TREATMENT FOR A	LCOHOLISM OR DRI	UG USE?				YES	\square N	10
		Y MENTAL ILLNESS	, OR BEEN CONFINE	D TO ANY HOS	PITAL, PUBLIC OR			YES	\square N	10
HAVE YOU EV	ITUTION, FOR ME ER HAD A PISTOL	LICENSE, DEALER'	S LICENSE, GUNSMI	TH LICENSE, O	R ANY APPLICATION	ON		YES		10
FOR SUCH A L	ICENSE DISAPPRO	OVED, OR HAD SUCH	I A LICENSE REVOK	ED OR CANCEL	LLED?					2.000
A HANDGUN?							Ш'	YES		10
	ER BEEN CHARGI DING IN FAMILY	ED, PETITIONED AG.	AINST, A RESPONDE	NT, OR OTHER	WISE BEEN A SUBJ	ECT		YES	□ N	10
		IS YES, EXPLAIN HE	RE:							
		ANY OMI	SSION OF FACT	OR ANY FA	LSE STATEME	NT WILL BE SUFFICI	ENT CAUS	Ē		
		10000			CONSTITUTES A	A CRIME PUNISHABLE	BY FINE,			
	OTOGRAPH		NMENT, OR BO		a comparation	A PERCE AND LOCAL	CE MANON			
	APPLICANT WITHIN 30 DA		ARE THAT THE SUED TO ME:	FOLLOWIN	G CONDITIONS	S AFFECT ANY LICEN	SE WHICH			
IAKEN	WITHIN 30 DA	1. NO LICEN	SE ISSUED AS A RESULT	T OF THIS APPLIC	CATION IS VALID IN TH	HE CITY OF NEW YORK.				
		REVOLVE	R SPECIFICALLY DESC	RIBED IN THE LIC	CENSE PROPERLY ISSI	LID ONLY FOR A PISTOL OR UED BY THE LICENSING OFFICE	R.			
		BE FORW	ARDED TO THE SUPERI	NTENDENT OF TH	IE STATE POLICE AND	AND MY NEW ADDRESS MUST O IN NASSAU COUNTY AND SUFF	OLK COUNTY,			
		4. ANY LICE	ICENSING OFFICER OF NSE ISSUED AS A RESU	LT OF THIS APPLI	ICATION IS SUBJECT T	TO REVOCATION AT ANY				
FULL	FACE ONLY	TIME BY	THE LICENSING OFFICE	ER OR ANY JUDGE	E OR JUS TICE OF A CO	OURT OF RECORD.				
			JURA	T:						
					RN TO BEFORE M	1E				
			THIS		DAY OF				20	
			AT							K
	SIGNATURE OF AP	PLICANT			SIGNATURE (OF OFFICE ADMINISTERING OAT	гн			
THIS FORM APPRO	VED BY SUPERINTENDE	NT OF STATE POLICE AS				TITLE OF OFFICER				_
REQUIRED BY PEN	AL LAW SECTION 400.00,	SUBD. 3.		A	PPPLICATION	NOT VALID UNLES	SS SWOR	N		

1. RIGHT THUMB	2. RIGHT	FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGE	R 5. RIGHT LITTLE FINGER			
			ICEDD	DINITO				
			IGERP	KINIS				
6. LEFT THUMB	7. LEFT F	OREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER			
			SUBMIT					
			CTDOL	HOAL				
			CTRON	NICAL	LY			
		DI AIN IMPI	 RESSIONS TAKEN SIMU	I TANFOUSI V	1.			
LEFT FOUR FINGER	S	FLAIN IMFE	CESSIONS TAKEN SIMO	RIGHT FOUR FINGER	S			
		_	THUMBS TAKEN TOGETHER	2				
IMPRESSIONS TAKEN BY:	NAME		RANK	SHIELD	DATE			
TARENDI.	NAME		MAN	SHIELD	DATE			
APPLICANT'S SIGNATURE		INFORMATIO	ON PROVIDED BY THIS	ADDITION THAT DE	EN VEDIEIED.			
INVESTIGATION	KEPOKI – ALL	INFORMATIC	ON PROVIDED BY THIS	AFFLICANT HAS BEI	EN VERIFIED.			
NAME			RANK	ORGANIZATIO	Broome County Sheriff's Office			
	Approval - Recom	mend Disapprove	ed (Strick out one)					
Recommend	Approvar - Neconii	mend Disapprove	ed (Other out one)	Broome County Sheriff / Br SIGNATURE OF INVESTIGA				
THIS APPLICATION	IS APPROVED - D	ISAPPROVED (STR		OLLOWING RESTRICTION ICENSE:	i(S) IS (ARE) APPLICABLE TO			
Broome County Co	ourt Judge -		Imst	TCENSE.				
TITLE AND SIGNATURE OF LICENSING OFFICER								
		RIZES THE PO		L OR REVOLVER AT	THE TIME OF ISSUE OF			
			NC INKINCIPATION.					
IF LICENSING O ORIGINAL LICE MANUFACTURER		THE FOLLOW	SERIAL NUMBER	MODEL	PROPERTY OF:			
ORIGINAL LICE	NSE, FURNISH T	THE FOLLOW		MODEL	PROPERTY OF:			
ORIGINAL LICE	NSE, FURNISH T	THE FOLLOW		MODEL	PROPERTY OF:			
ORIGINAL LICE	NSE, FURNISH T	THE FOLLOW		MODEL	PROPERTY OF:			
ORIGINAL LICE	NSE, FURNISH T	THE FOLLOW		MODEL	PROPERTY OF:			
ORIGINAL LICE	NSE, FURNISH T	THE FOLLOW		MODEL	PROPERTY OF:			

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

INSTRUCTIONS: Print or type in black ink only NYSID NUMBER

PPB-3 (REV. 03/11)

NYSID NUMBER	PPB-3 (REV	7. 03/11)			CODE
LICENSE		STATE OF N	EW YORK		CODE
NUMBER DATE MONTH DAY YEAR	PISTOL/RE	EVOLVER LICENC	E APPLICATION	EXPIRATION DATE	MONTH DAY YEAR
OF ISSUE LAST NAME	<u></u>	F	IRST NAME	M	I MONTH DAY YEAR SEX
LAST NAME					
RESIDENCE ADDRESS			CITY/VILLAGE/TOWN AND ST	ATE IF OTHER THAN NEW YORK	DATE OF BIRTH ZIP CODE
HGT (ins) WGT (ibs) EYES HAIR RAG	CE SOCIAL SECURI	TY NUMBER	PRESENT OCCUPATION		CITIZEN OF U.S.A.
					☐ YES ☐ NO
EMPLOYED BY	NATURE OF BUSINESS	S	BUSINESS ADDRESS		
I HEREBY APPLY FOR A PISTOL/ I	REVOLVER LICENSE TO	O: (Check one o	nly) CARRY CON	CEALED * POSSESS	ON PREMISES
* POSSESS/ CARRY DURING E	MPLOYMENT (* Premis	se address or place	of employment must be p	rovided)	
		CITY, VILLAC	CE TOWN		ZIP CODE
STREET ADDRESS OR OTHER LOCATION A LICENSE IS REQUIRED FOR T	HE FOLLOWING REASO				
			CNAME AND ADDRESS OF THE COLUMN	WOUR COOR MORAL C	THADACTED
GIVE FOUR CHARA	ACTER REFERENCES W	SS THEIR SI	GNATURE ATTEST TO	VILLAGE, TOWN SIG	GNATURE
		- (Table 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
HAVE YOU EVER BEEN ARRESTE	D, SUMMONED, CHARC	GED OR INDICTE	D ANYWHERE FOR AN	Y OFFENSE, INCLUDING	G DWI (EXCEPT
TRAFFIC INFRACTIONS)? DATE POLICE AGEN		IF YES, FURNISH CHARGE	THE FOLLOWING IN	DISPOSITION-CO	OURT AND DATE
DATE					
				policina de la companya della companya della companya de la companya de la companya della compan	П П
HAVE YOU EVER BEEN TERMINATED			THE ARMED FORCES FO	R CAUSE?	☐ YES ☐ NO
HAVE YOU EVER UNDERGONE TREAT	MENT FOR ALCOHOLISM	OR DRUG USE?	TOCHITAL DURING OR		☐ YES ☐ NO
HAVE YOU EVER SUFFERED ANY MEN PRIVATE INSTITUTION, FOR MENTAL	II I NESS?				☐ YES ☐ NO
HAVE YOU EVER HAD A PISTOL LICE FOR SUCH A LICENSE DISAPPROVED,	OR HAD SUCH A LICENSE	REVOKED OR CAN	CELLED?		YES NO
DO YOU HAVE ANY PHYSICAL CONDI	TION WHICH COULD INTE	ERFERE WITH THE	SAFE AND PROPER USE O	F	☐ YES ☐ NO
A HANDGUN? HAVE YOU EVER BEEN CHARGED, PE	TITIONED AGAINST, A RES	SPONDENT, OR OTH	HERWISE BEEN A SUBJEC	T	☐ YES ☐ NO
OF A PROCEEDING IN FAMILY COUR IF ANSWER TO ANY QUESTION IS YES	Γ? , EXPLAIN HERE:				
	ANY OMISSION OF	FACT OR ANY	FALSE STATEMENT	WILL BE SUFFICIEN	NT CAUSE
	TO DENY THIS API	PLICATION AND	D CONSTITUTES A C	CRIME PUNISHABLE	BY FINE,
PHOTOGRAPH	IMPRISONMENT, C		TING CONDITIONS A	FEECT ANN LICENSI	E WHICH
OF APPLICANT TAKEN WITHIN 30 DAYS	MY BE ISSUED TO		ING CONDITIONS A	AFFECT ANY LICENSI	E WHICH
TAKEN WITHIN 30 DATS	1 NO LICENSE TOUTED AS	A DECLIT OF THIS AP	PLICATION IS VALID IN THE (PPLICATION WILL BE VALID	CITY OF NEW YORK. ONLY FOR A PISTOL OR	
	REVOLVER SPECIFICAL	LLY DESCRIBED IN THI	E LICENSE PROPERLY ISSUEL OTICE OF SUCH CHANGE AND	D BY THE LICENSING OFFICER. MY NEW ADDRESS MUST	
	BE FORWARDED TO THE	E SUPERINTENDENT O	F THE STATE POLICE AND IN OF WITHIN 10 DAYS OF SUCH	CHANGE.	.K COUNTY,
	A ANN LICENSE ISSUED A	S A DESILIT OF THIS A	PPLICATION IS SUBJECT TO I DGE OR JUS TICE OF A COUF	REVOCATION AT ANY	
FULL FACE ONLY	THE BT THE ELECTION	orresident out and			
		JURAT:	VODY MO DEPORT		
			VORN TO BEFORE ME DAY OF		, 20
		AT	DAT OF		, NEW YORK
	AND COMMISSION OF PERSONS IN				
SIGNATURE OF APPLICAN	\T		CIONATURE OF	OFFICE ADMINISTERING OATH	
		*	SIGNATURE OF C	JEFICE ADMINISTERING OATH	
THIS FORM APPROVED BY SUPERINTENDENT OF ST	TATE POLICE AS		TI	TLE OF OFFICER	
REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3.			A DEDT TO LETTON &	TOWALL TO TOU TO	MACONIO D

APPPLICATION NOT VALID UNLESS SWORN

1. RIGHT THUMB	2. RIGHT F	OREFINGER	3. RIGHT MIDDL	E FINGER	4. RIGHT RING FINGI	ER 5. RIGHT LITTLE FINGER
						•
		EIIA	CE	DD	DINIT	
			UGE		RINT	
6. LEFT THUMB	7. LEFT FO		8. LEFT MIDDLE		9. LEFT RING FINGER	
O. EEFT THOMB	7. DET ! TO			77.7	1.7.7	IN THE PARTY BUT TO BE
			UBN			
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	Sec.		PTD	AAI	IIAAI	
			UIK	UIN	ICAL	
		3	<u> </u>			j.
PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY						
LEFT FOUR FINGERS					RIGHT FOUR FINGE	KS .
			THUMBS TAKEN T	OGETHER		
IMPRESSIONS					8	
TAKEN BY:	NAME		RA	NK	SHIELD	DATE
AND TO ANY CHON ATURE	AND ADDRESS.					
APPLICANT'S SIGNATURE INVESTIGATION	REPORT - ALL	INFORMATIC	N PROVIDED B	Y THIS A	PPLICANT HAS BE	EN VERIFIED:
HI (BOILDING						
NAME			RANK		ORGANIZATI	ON Broome County Sheriff's Office
Recommend A	Approval - Recomm	nend Disapprove	d (Strick out one)		Broome County Sheriff / F	•
THIS APPLICATION	IS APPROVED_DIS	SAPPROVED (STD	ICK OLIT ONE)	THE FOI	LOWING RESTRICTION	ATING OFFICER N(S) IS (ARE) APPLICABLE TO
		MITHOUSE (OIL		THIS LIC		
Broome County Co						
	TITLE AND SIGNATURE OF					
					OR REVOLVER AT	THE TIME OF ISSUE OF
ORIGINAL LICE MANUFACTURER	NSE, FURNISH T	CALIBER CALIBER	SERIAL NUMBER	ION:	MODEL	PROPERTY OF:
DUPLICATE OF THIS APPL	ICATION MUST BE FILED V	VITH THE SUPERINTER	NDENT OF STATE POLICE	WITHIN 10 DA	YS OF ISSUANCE AS REQUIRED	BY PENAL LAW SECTION 400.00 SUBD.5.
PPB 3A (PPB3)						